

Attachment 3

Office of Administration Commissioner's Office

Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: Lutheran Family and Children's Services

Subcontractor: Lutheran Family and Children's Services

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 2/7/2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3/3/2017	Birth Certificate	\$15	Client needs child's birth certificate in order to get into a shelter. No other funding sources known.
Amt to be reimbursed		<u>\$15</u>	

Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oag.mo.gov by the Contractor only.

Authorized person requesting purchase: Item Sitter
Purchase is Approved Denied A2A Signature Emily Kraft Date 3/1/17
Reason for denying purchase: _____